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CONFIRMATION NO. 9862

<b>SERIAL NUMBER</b> 09/114,973	<b>FILING OR 371(c) DATE</b> 07/14/1998 <b>RULE</b>	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 960296.95491
<b>APPLICANTS</b> WILLIAM F. DOVE, MADISON, WI; ALEXANDRA SHEDLOVSKY, MADISON, WI;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/751,292 11/18/1996 PAT 5,780,236				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/30/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 25
Verified and Acknowledged		Examiner's Signature	Initials	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 26734				
<b>TITLE</b> METHOD FOR IDENTIFYING MUTANTS AND MOLECULES				
<b>FILING FEE RECEIVED</b> 1790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	